



EMPLOYER TESTING PROGRAM
REFRESHER TRAINING REQUEST

EXAMINER

Training Fee \$150.00

For clarity, please complete with black pen or typewriter.

FOR DMV USE ONLY	
APPLICATION	
CHECK NUMBER	EFFECTIVE DATE

I request to attend a Department of Motor Vehicles sponsored examiner training class shown below. I have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate my company's vehicle(s). Call the Employer Testing Program Unit at (916) 229-4404 for a list of available training dates.

EXAMINER TRAINING DATES REQUESTED - FIRST CHOICE	LOCATION		
EXAMINER TRAINING DATES REQUESTED - SECOND CHOICE	LOCATION		
EXAMINER'S NAME	HOME TELEPHONE NUMBER ()		
DRIVER LICENSE NUMBER	WORK TELEPHONE NUMBER ()		
EXAMINER'S STREET ADDRESS	CITY	STATE	ZIP CODE
EXAMINER'S MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP CODE
EMPLOYER'S NAME	EMPLOYER NUMBER		
EMPLOYER'S MAILING ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER'S STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	CITY	STATE	ZIP CODE
EXAMINER'S SIGNATURE	DATE		

Please complete the Refresher Training Request and return it with appropriate fees to:

Department of Motor Vehicles
Employer Testing Program
M/S L224
P.O. Box 944278
Sacramento CA 95818

Upon request, this document can be reproduced in Braille or large print. Phone services to DMV employees are available for the deaf or hearing impaired by calling (916) 657-5616 (TTD phone), or the California Relay Telephone Service at 1-800-735-2929 (TTD phone and 1-800-735-2922 (voice phone).